FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	URGANIZATIO	N	
	(See instructions)		Office use only
NAME OF COMMITTEE (in	full) (Check if name Exam over to constitute the constitute of the	nple: If typying, type the lines	12FE4M5
Burson-Marst	eller/Young & Rubicam Political Action C	committee	
ADDRESS (number and	street) 1101 Vermont Street, NW		
(Check if addr	Suite 1000		
is changed)	Washington	لبيبيا	DC 20005 - L
COMMITTEE'C E MA	CITY▲		STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA	eber@bksh.com		,
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
COMMITTEE'S FAX N 2025304800	NUMBER		
2. DATE 1.2	1 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICA	TION NUMBER C C00	201863	
4. IS THIS STATEM	MENT X NEW (N) OR	AMENDED (A)	
I certify that I have exam	ned this Statement and to the best of my knowledge and	d belief it is true, correct and	d complete
Type or Print Name of	Treasurer Mr. Charles R. Black, Jr.		
Signature of Treasure	Electronically Filed by Mr. Charles R. Bla	ick, Jr.	Date 12 / 14 / 2006
NOTE: Submission of fa	lse, erroneous, or incomplete information may subject th		
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530	

This committee is a principal campaign committee. (Complete the candidate information below.) Candidate	Page 2	FEOForm 1 (Revised 02/2003)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate Candidate Candidate Party Affiliation Office Sought: House Senate President District (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate (d) This committee is a (National, State (or subordinate) committee of the Republican,etc.) Part (e) X This committee is a separate segregated fund (f) This committee is a separate segregated fund This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. Mailing Address CITY STATE X ZIP CODE A		. TYPE OF COMMITTEE (Check One)
information below.) Name of Candidate Party Affiliation Candidate Party Affiliation Candidate Party Affiliation Candidate President Candidate President Candidate (National, State (or subordinate) committee of the Candidate Candidate	plete the candidate information below.)	(a) This committee is a principal campai
Candidate Candidate Party Affiliation City	principal campaign committee. (Complete the candidate	(-)
Party Affiliation Sought: House Senate President District (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate (d) This committee is a (National, State) (Openocratic, Republican, etc.) Part (e) This committee is a separate segregated fund (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. 3. Name of Any Connected Organization or Affiliated Committee Mailing Address CITY STATE ZIP CODE		
Name of Candidate (d) This committee is a (National, State (or subordinate) committee of the Republican,etc.) Part (e) X This committee is a separate segregated fund (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. 3. Name of Any Connected Organization or Affiliated Committee Mailing Address CITY STATE ZIP CODE	Senate President	
Candidate (d) This committee is a (or subordinate) committee of the Republican,etc.) Part (e) X This committee is a separate segregated fund (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. 3. Name of Any Connected Organization or Affiliated Committee Mailing Address CITY STATE ZIP CODE	is NOT an authorized committee.	(c) This committee supports/opposes onl
(d) This committee is a		
Mailing Address CITY STATE A ZIP CODE A	te) committee of the Republican,etc.) Party.	(e) X This committee is a separate segrega (f) This committee supports/opposes mo
CITY STATE A ZIP CODE A		. Name of Any Connected Organization or Affiliate
CITY STATE A ZIP CODE A		
CITY STATE A ZIP CODE A		
CITY STATE ZIP CODE A		Mailing Address
Relationship	STATE ▲ ZIP CODE ▲	
		Relationship
Type of Connected Organization:		Type of Connected Organization:
Corporation Corporation w/o Capital Stock Labor Organization	apital Stock Labor Organization	Corporation
Membership Organization Trade Association Cooperative	Cooperative	Membership Organization

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V	Vrite or Type Committee Name			
	Burson-Marsteller/Your	ng & Rubicam Political Action Com	mittee	
7.	Custodian of Records: Ide possession of Committee	entify by name, address, (phone numb books and records.	er optional), and position o	of the person in
	Full Name Mrs. Re	onna Sable Weber		
	Mailing Address	1801 K Street, NW		
		Suite 901-L		
		Washington		20006
	Title or Position ♥	CITY A	STATE	ZIP CODE A
	Associate		Telephone number	530 4836
		arles R. Black, Jr. 1801 K Street, NW		
	Mailing Address	Suite 901-L		
		Washington	DC	20006 –
	Title or Position ♥	CITY A	STATE	ZIP CODE A
	Chairman		Telephone number	530 0500
	Full Name of Designated Agent			
	Mailing Address			
				_
	Title or Position ♥	CITY A	STATE A	ZIP CODE A

Telephone number

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9.	Banks or Other I safety deposit box Name of Bank, Do	xes	or	ma	int	ain				ba	nk	s 0	r of	the	r de	ерс	sit	ori	es	in	wh	ich	the	e cc	omr	nitte	ee o	dep	osi	ts fu	und	s, ł	ıold	ls a	CC	our	nts,	, rer	nts		
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